

**Hearing Aid Dealer  
Provider Type 50  
907 KAR 1:039**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Dealer must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- License for Specializing in Hearing Instruments (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by provider if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit w-9 form.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Licensing Board for Specialist in Hearing Instruments  
Berry Hill Annex  
PO Box 456  
Frankfort, KY 40602
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602